Correspondence

Letters to the Editor should not exceed 500 words.

Negotiations with the Minister

SIR,—We, the general medical practitioners of this area, are appalled at the joint report of discussions between general practitioners' representatives and the Minister of Health. It appears to us that once again our negotiators have been tricked and bamboozled into thinking they have obtained concessions when in fact the Minister has given away virtually nothing.

The establishment of a finance corporation could have been negotiated in any event and is not an important point in a crisis. The Minister reserves the right to have very considerable control over the use of any money available.

Direct payments towards ancillary help is a step in the right direction, but to offer to finance an early implementation of the scheme with money from the final settlements due seems to us both incomprehensible and immoral. This is money that has already been earned by doctors and due to them for services already rendered.

Reduction of certification: here we are very cleverly manœuvred into an awkward position. If we say we attend each patient five to six times per annum and that our remuneration should be based on that it is obvious that the Government will say, "Yes, but two or three of these attendances were for certification only and under the new regulations you will be seeing these patients only three to four times per annum, and therefore the Review Body will assess your remuneration on this new work load."

The pricing of the contract is the crux of the whole matter. It is time our negotiators realized this and had the courage to say in public that this is frankly a dispute about pay. The anger of the general practitioners was with the belittling appraisal of their worth by the Review Body. Nothing has yet been done remotely bearing on this cause of discontent. We feel the cart is being put before the horse. It is humiliating that our leaders will not say quite clearly to the Minister, "Our doctors are worth so much for so many items of service, plus so much for midwifery, etc." If the Minister will not listen it shows that he is prepared to spend endless time on fancy schemes but not to give a decent reward.

If our negotiators get us a realistic capitation fee—no Pool system in any form or guise—then all the other matters will settle themselves. The good doctors will give the patients what they require in the way of ancillary help, premises, etc., by ploughing back profits. If they do not their practices will suffer, and they will either have to improve their services or lose their income. We trusted our negotiators with some 18,000 resignations, and if they will not stand up and proclaim our worth to the Minister then they forfeit both our respect and our support. If we ourselves do not insist then we deser-

vedly forfeit all right to further complaint within the profession.

The rate for the job is the key to our problems if we are to remain truly independent, and if the Minister does not think that we are worth what we ask, then we must leave the National Health Service and prove that we are.—We are, etc.,

F. B. P. Evans. G. D. H. Shephard. P. K. Holding. J. D. Wilkinson. J. West.

Tewkesbury.

SIR,—The proposed payment towards ancillary help is no concession if paid next October, since we shall be paying this ourselves at the expense of final settlements. Neither is the immediate implementation of new certification rules a concession, but only an admission that we have been required to write hundreds of unnecessary certificates in the past, despite representations to that effect.

Let us therefore leave our undated resignations in being, until we have been able to look at the whole of the proposals, including pricing, of the new contract. The history of medical politics since 1948 should teach us not to compromise too early, nor too easily.— I am, etc.,

Wakefield, Yorks. COLIN S. ASHWELL.

SIR,—The present position of the negotiations on the Charter will give the deepest misgivings. The emphasis so far has been on the basis of a pay claim which, though relevant, fails to present the fundamental problem of the profession—that there are simply not enough doctors to cope with a largely unnecessary demand consequent on a service free at the time of use. By failing to nail this point with the Minister and by trying to maintain a public image in the face of overwhelming pressures on the profession, our negotiators, I fear, render a grave disservice to the finer aspirations of the Charter.

While we as a profession are afraid to condemn the total folly of the present system dissolution of the Service is inevitable. So far we have heard nothing of the patients' demands on the doctor's time, of overcrowded lists, of the education of the public in the responsible use of the Service, of the unnecessary trivia that clutters our surgeries, of the reform of disciplinary procedure, or of the disgraceful squandering of the taxpayers' money on unnecessary medication. Indeed, lamentably, we have heard nothing of the second of the four principles on which general practice in the N.H.S. should be based and which were included in the Council's report to the British Medical Guild in February (British Medical Journal, 6 March, p. 603). The second principle was as follows:

(2) "The right of each doctor to practise medicine to the best of his ability, with the

least possible intrusion by the State, with protection from misuse of his services by patients, and safeguards against unjustified and punitive disciplinary procedures from which he has no redress."

Instead, the Minister appears to have exacted from us a blanket responsibility for the whole of the public without collateral safeguards against misuse of any kind. Woe betide the practitioner who cares to call a halt to an over-inflated list in an endeavour to contain his work load and maintain his standards, for he will doubtless be prevented from doing so.

No, the profession, at the outset, should have realized the barren road they would tread, and either have resigned forthwith on 31 March or insisted on the full Charter, priced, detailed, and ready for signing by the latest date of 30 June. Having, however, entered this tawdry arena, to destroy our signatures now would be madness. The Minister is, even at this critical stage, attempting to take a dictatorial attitude with the profession and is demanding that we not merely ensheath our sword, but break it, when the battle has hardly begun.—I am, etc.,

Norwich. RALPH H. EVANS.

SIR,—At this fateful juncture of our affairs family doctors would be well advised to keep two simple facts before them: (1) the contract has not been priced; (2) even the moderate improvements so far promised have been achieved only by the threat of massive resignation.

To remove this threat now would be the height of folly. Certainly we should not be seduced by the Minister's offer to implement direct reimbursement for ancillaries earlier if we withdraw our resignations. There is a further sobering thought for the over-optimistic: a changed Government would not necessarily feel obliged to honour the promises of this one.—I am, etc.,

Lancaster. FRANK S. RICKARDS.

SIR,—I was dismayed to read that the Council of the B.M.A. at its meeting on 28 May (Supplement, 5 June, p. 233) resolved by 37 votes to 5 to recommend that the resignations should be kept in hand and not torn up, as had been the very proper fate suggested for them by the G.M.S. Committee (Supplement, 5 June, p. 227). Doubtless many general practitioners will be jubilant at this fine show of determination and firmness on the part of the Council. Others will very much regret it.

It may have been reasonable to threaten mass resignation as a means of prodding the Minister into rapid action, but it would be no better than blackmail to persist with the threat now. Ineffectual blackmail too, for the people who have to be influenced at this point are the members of the Review Body, and they are certainly not likely to be impressed, unless badly, by any such crude argument. The Review Body has agreed to heed the